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ATTORNEYS AT LAW

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CENTRAL FAX CENTER****APR 03 2006****Christine E.M. Orich**2700 First Indiana Plaza
135 North Pennsylvania Street
Indianapolis, IN 46204
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E-Mail: corich@boselaw.com**FAX TRANSMITTAL SHEET****Date/Time:** April 3, 2006

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1-571-273-8300****User Number: 872 Client #: 8266 Matter #: 0595****Total number of pages transmitted including cover sheet: 8****Comments:**

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BOSE MCKINNEY & EVANS LLP**RECEIVED
CENTRAL FAX CENTER****CUSTOMER NUMBER 25267**2700 First Indiana Plaza
135 North Pennsylvania Street
Indianapolis, Indiana 46204**PATENT APPLICATION**

Group: 3626
 Atty. Docket: 8266-0595
 Applicants: Kenneth L. Kramer et al.
 Invention: REMOTE CONTROL
 HOSPITAL BED
 Serial No.: 09/848,941
 Filed: May 2, 2001
 Examiner: Martin A. Gottschalk

APR 03 2006

Certificate Under 37 C.F.R. § 1.8(a)

I hereby certify that this correspondence is being transmitted
 by facsimile to (571) 273-8300 at the United States Patent
 and Trademark Office, Alexandria, VA 22313-1450.
 on April 3, 2006


 Lisa Schodrowski

Mail Stop Amendment
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is a response in the above-identified application:

The fee has been calculated as shown below:

CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	NUMBER EXTRA	RATE	FEE
TOTAL CLAIMS (37 C.F.R. 1.16(c))	4	33	0	\$50	\$0
INDEPENDENT CLAIMS (37 C.F.R. 1.16(b))	3	27	0	\$200	\$0
If applicant has small entity status under 37 C.F.R. 1.9 and 1.27, then divide total fee by 2, and enter amount here.			SMALL ENTITY TOTAL	NO	\$0
TOTAL FEE FOR ADDITIONAL CLAIMS					\$0

*If the "Highest Number Previously Paid For" in this space is less than 20, write "20" in this space.

**If the "Highest Number Previously Paid For" in this space is less than 3, write "3" in this space.

An Extension of Time for _____ month(s) is hereby requested under
 37 C.F.R. 1.136(a). The required fee for filing this extension is:

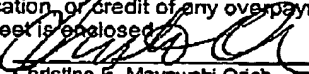
Information Disclosure Statement

TOTAL FEE FOR THIS AMENDMENT

\$0

A check in the amount of \$ _____ to cover the total fee for this
 amendment is attached.

The Commissioner is hereby authorized to charge any additional filing fees under 37 C.F.R. 1.16 or processing fees under 37
 C.F.R. 1.17 which may be required during the prosecution of this application, or credit of any overpayment, to Bose McKinney &
 Evans LLP's Deposit Account No. 02-3223. A duplicate copy of this sheet is enclosed.


 Christine E. Mayewski Orich
 Reg. No. 44,987

691408_1

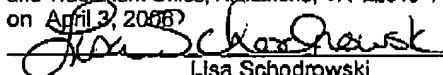
PATENT APPLICATION

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Lisa Schodrowski**RESPONSE TO RESTRICTION REQUIREMENT****MAIL STOP AMENDMENT**Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action of March 3, 2006, Applicants respond as follows:

Listing of claims begins on page 2 of this paper.**Remarks** begin on page 5 of this paper.